

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**
FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

0 1 - 0 0 3

2. STATE:

Indiana

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES4. PROPOSED EFFECTIVE DATE
January 1, 2001

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

7. FEDERAL BUDGET IMPACT:

a. FFY _____ \$ _____

b. FFY _____ \$ _____

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Supplement 7 to Attachment 2.6-A Page 1

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

Supplement 7 to Attachment 2.6-A Page 1

10. SUBJECT OF AMENDMENT:

Elimination of parental deeming of income for students age 18 - 21 in the Blind and Disabled
categories.

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT☐ OTHER, AS SPECIFIED:☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Kathleen D. Gifford

14. TITLE:

Assistant Secretary

15. DATE SUBMITTED:

3/27/01

16. RETURN TO:

Kathleen D. Gifford, Assistant Secretary
Office of Medicaid Policy and Planning
402 W. Washington
Indianapolis, IN 46204
ATTN: Tracy Brunner, State Plan Coordinator

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

3/30/01

18. DATE APPROVED:

3/27/01

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

01/01/01

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

Cheryl A. Harris

22. TITLE: Associate Regional Administrator
Division of Medicaid and Children's Health

23. REMARKS:

RECEIVED

MAR 30 2001

DMCH - IL/IN/OH

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: INDIANA

METHODS FOR TREATMENT OF INCOME THAT DIFFER FROM
THOSE OF THE SSI PROGRAM

(Section 1902(f) more restrictive methods and criteria and State supplement criteria in SSI criteria States without section 1634 agreements and in section 1902(f) States. Use to reflect more liberal methods only if you limit to State supplement recipients. DO NOT USE this supplement to reflect more liberal policies that you elect under the authority of section 1902(r)(2) of the Act. Use Supplement 8a for section 1902(r)(2) methods.)

4-1-85

1. \$15.50 of the total income of an applicant/recipient or an applicant/recipient couple is disregarded.
2. Total amount of child support is considered as income to the child on whose behalf the support is paid.
3. \$85 per month of gross earned income and ½ of the remainder is disregard for the blind individual who was recipient of BA from Indiana in 12-73 and has continuously received Medical Assistance since that date.
4. An amount of a blind applicant's/recipient's income, as specified in an approved plan for achieving self support, is disregarded for a period of time not to exceed 12 months. Such a plan will be approved by the Family and Social Services Administration if the plan is in writing and fully documents that the income to be disregarded will be used by the individual in pursuing a bona fide activity aimed at achieving self-support.
(Effective 8-1-89:SPA 89-3)
5. There is no income disregard for recipients in the Disabled category who have a plan for achieving self-support.